

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoration PAC

ADDRESS (number and street)

1901 Butterfield Road

Ste. 120

Check if different
than previously
reported. (ACC)

Downers Grove

IL

60515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571588

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2018

through

M M M / D D D / Y Y Y Y Y Y
07 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		1948791.57
(b) Cash on Hand at Beginning of Reporting Period.....	661775.26	
(c) Total Receipts (from Line 19)	902208.98	3186668.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1563984.24	5135460.10
7. Total Disbursements (from Line 31).....	955501.98	4526977.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	608482.26	608482.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	16581.23	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2018

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2018
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

900850.00

3179715.00

(ii) Unitemized

1140.01

2534.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

901990.01

3182249.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

901990.01

3182249.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

218.97

4418.97

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

902208.98

3186668.53

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

902208.98

3186668.53

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	87760.28	896570.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87760.28	896570.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	867727.70	3630330.54
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	14.00	76.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	14.00	76.55
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	955501.98	4526977.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	955501.98	4526977.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	901990.01	3182249.56
34. Total Contribution Refunds (from Line 28(d))	14.00	76.55
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	901976.01	3182173.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	87760.28	896570.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	218.97	4418.97
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	87541.31	892151.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keinath, Warren, , ,

Mailing Address 24 Ravens pointe dr.

City

Lake Saint Louis

State

MO

Zip Code

63367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2018

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pearman, John, , ,

Mailing Address 2700 Patriot Blvd
Suite 250

City

Glenview

State

IL

Zip Code

60026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delos CommunicationsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2018

Transaction ID : SA11AI.7189

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rinehart, Richard, , ,

Mailing Address 346 Steelhead Drive

City

River Falls

State

WI

Zip Code

54022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2018

Transaction ID : SA11AI.7246

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

850.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City
Lake Forest

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2018

Transaction ID : SA11AI.7196

Amount of Each Receipt this Period

900000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900000.00

900850.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Express

Mailing Address PO Box 0001

City
Los Angeles

State
CA

Zip Code
90096-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2018

Transaction ID : SA15.7337

Amount of Each Receipt this Period

217.17

☐ Memo Item

Refund of credit card payment (see below)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gooten.com

Mailing Address 135 E 57th St

City
New York

State
NY

Zip Code
10022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2018

Transaction ID : SA15.7337.4

Amount of Each Receipt this Period

154.68

☒ Memo Item

Refund of office expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gooten.com

Mailing Address 135 E 57th St

City
New York

State
NY

Zip Code
10022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2018

Transaction ID : SA15.7337.5

Amount of Each Receipt this Period

13.38

☒ Memo Item

Refund of office expenses

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

217.17

217.17

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address PO Box 81226

City
SeattleState
WAZip Code
98108Purpose of Disbursement
Office expenses

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7284**

Amount of Each Disbursement this Period

178.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 0001

City
Los AngelesState
CAZip Code
90096-8000Purpose of Disbursement
Credit card payment (see below)

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	3				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7320**

Amount of Each Disbursement this Period

1213.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marshalls

Mailing Address 102 Yorktown Shopping Center

City
LombardState
ILZip Code
60148Purpose of Disbursement
Office expenses

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	8				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7320.**

Amount of Each Disbursement this Period

942.77

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1391.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Gooten.com

Mailing Address 135 E 57th St

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Office expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7320.8

Amount of Each Disbursement this Period

154.68

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Gooten.com

Mailing Address 135 E 57th St

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Office expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7320.8

Amount of Each Disbursement this Period

13.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Gooten.com

Mailing Address 135 E 57th St

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Office expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7320.8

Amount of Each Disbursement this Period

13.38

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Gooten.com

Mailing Address 135 E 57th St

City
New YorkState
NYZip Code
10022Purpose of Disbursement
Office expenses

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7320.

Amount of Each Disbursement this Period

13.38

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Website hosting; email deployment

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7279

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7268

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7276

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7299

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7303

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	3					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.7305

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clear Creek Strategies

Mailing Address PO Box 9865

City
DenverState
COZip Code
80209Purpose of Disbursement
Strategy consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	5					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.7267

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Connor Voice and Data Technologies

Mailing Address 649 Estes Avenue

City
SchaumburgState
ILZip Code
60193Purpose of Disbursement
Office expense

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	7					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.7292

Amount of Each Disbursement this Period

7365.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10385.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Crowdskout

Mailing Address 1101 K St. NW, 8th Floor

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Software licensing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7271

Amount of Each Disbursement this Period

825.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delos Communications

Mailing Address 2700 Patriot Blvd., Ste. 250

City
GlenviewState
ILZip Code
60026Purpose of Disbursement
Strategic planning consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7256

Amount of Each Disbursement this Period

24000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. G & M Electrical

Mailing Address 1746 North Richmond Street

City
ChicagoState
ILZip Code
60647-5124Purpose of Disbursement
Office expense

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7285

Amount of Each Disbursement this Period

495.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25320.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Grasshopper Group, LLC

Mailing Address 197 1st Avenue, Suite 200

City
NeedhamState
MAZip Code
02494Purpose of Disbursement
Telephone service

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0				2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.7300

Amount of Each Disbursement this Period

32.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie, Marie, , ,

Mailing Address 519 Skyline Drive

City
AlgonquinState
ILZip Code
60102Purpose of Disbursement
Marketing consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	2				2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.7259

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie, Marie, , ,

Mailing Address 519 Skyline Drive

City
AlgonquinState
ILZip Code
60102Purpose of Disbursement
Marketing consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0				2	0	1	8

FEC Identification Number

C

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10032.06

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Harris Media, LLC

Mailing Address 2131 Theo Drive

City
AustinState
TXZip Code
78723Purpose of Disbursement
Design consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7280

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hodas & Associates Strategic Communications

Mailing Address 960 Clock Tower Drive, Ste. J

City
SpringfieldState
ILZip Code
62704Purpose of Disbursement
Polling expense

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	3		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7304

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	5		2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.7270

Amount of Each Disbursement this Period

1737.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

24237.55

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2018

FEC Identification Number

C

Transaction ID : SB21B.7302

Amount of Each Disbursement this Period

9429.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LexisNexis

Mailing Address 28544 Network Place

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Research services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2018

FEC Identification Number

C

Transaction ID : SB21B.7278

Amount of Each Disbursement this Period

1710.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Corporation

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software licensing

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2018

FEC Identification Number

C

Transaction ID : SB21B.7277

Amount of Each Disbursement this Period

155.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11294.88

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 24

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Mitel Cloud Services, Inc.

Mailing Address 28760 Network Place

City
ChicagoState
ILZip Code
60673-1287Purpose of Disbursement
Telephone and internet service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

001Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	3				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7306**

Amount of Each Disbursement this Period

2263.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Priceline.com

Mailing Address 800 Connecticut Avenue

City
NorwalkState
CTZip Code
06854Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

002Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	2				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7282**

Amount of Each Disbursement this Period

510.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SmartGate Corporation

Mailing Address 15 East Madison St.

City
LombardState
ILZip Code
60148Purpose of Disbursement
Website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

001Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	0				2	0	1	8

FEC Identification Number

C**Transaction ID : SB21B.7317**

Amount of Each Disbursement this Period

1642.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4416.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Strategic Media Services, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Mailing Address 1911 North Ft. Myer Drive
Suite 400City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Postage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7298

Amount of Each Disbursement this Period

340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FedEx

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Mailing Address 3875 Airways, Module H3
Department 4634City
MemphisState
TNZip Code
38116Purpose of Disbursement
Shipping services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.7298.c

Amount of Each Disbursement this Period

340.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

340.00

TOTAL This Period (last page this line number only).....▶

87517.99

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 24

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Reed Media Partners, LLC

Nature of Debt (Purpose):

Obligation for 7/25/18 IE reported on our
7/27/18 Schedule E; original estimate for IE
was \$18,000

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City
ArlingtonState
VAZip Code
22201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7179

Amount Incurred This Period

16581.23

Payment This Period

0.00

Outstanding Balance at Close of This Period

16581.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

16581.23

2) **TOTALS** This Period (last page this line number only)..... ►

16581.23

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

16581.23

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571588 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Clear Creek Strategies				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 07202018 </div>	
Mailing Address PO Box 9865				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50441.85</div>	
City Denver		State CO		Zip Code 80209	
Purpose of Expenditure Direct mail (design, printing, postage)				Category/Type 004	
Name of Federal Candidate: Nicholson, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought 1725174.69				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Clear Creek Strategies				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 07202018 </div>	
Mailing Address PO Box 9865				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1339.00</div>	
City Denver		State CO		Zip Code 80209	
Purpose of Expenditure Direct mail (data)				Category/Type 004	
Name of Federal Candidate: Nicholson, Kevin, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought 1726513.69				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">51780.85</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gaskill, Sherry, , ,</u>				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 08202018 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571588 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY										
Full Name of Payee Clear Creek Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2018							
Mailing Address PO Box 9865			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50441.85</div>							
City Denver	State CO	Zip Code 80209	Transaction ID : SE.7177 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2018							
Purpose of Expenditure Direct mail (design, printing, postage)			Category/Type 004							
Name of Federal Candidate: Nicholson, Kevin, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: WI							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2532460.54</div>							
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018							
Full Name of Payee Reed Media Partners, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2018							
Mailing Address 1320 N. Courthouse Rd., Ste. 130			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16581.23</div>							
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.7178 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2018							
Purpose of Expenditure TV advertising (production)			Category/Type 004							
Name of Federal Candidate: Nicholson, Kevin, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: WI							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2549041.77</div>							
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">50441.85</div></td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></td> </tr> </table>					(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">50441.85</div>	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">50441.85</div>									
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>									
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>									
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.										
Signature <u>Gaskill, Sherry, , ,</u>			Date MM / DD / YYYY 08 / 20 / 2018							
[Electronically Filed]										

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SE
Transaction ID : SE.7178

Obligation for 7/25/18 IE reported on our 7/27/18 Schedule E; original estimate for IE was \$18,000

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 24
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC				FEC IDENTIFICATION NUMBER ▼ C C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Strategic Media Services, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2018		
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount 755505.00		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.7176		
Purpose of Expenditure TV advertising (placement)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 20 / 2018		
Name of Federal Candidate: Nicholson, Kevin, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input type="checkbox"/> State: WI		
Calendar Year-To-Date Per Election for Office Sought 2482018.69			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Veralith, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 06 / 2018		
Mailing Address 800 West Fifth Ave.			Amount 10000.00		
City Naperville	State IL	Zip Code 60563	Transaction ID : SE.7290		
Purpose of Expenditure Internet video (production)		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 17 / 2018		
Name of Federal Candidate: HEITKAMP, HEIDI, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President <input type="checkbox"/> State: ND		
Calendar Year-To-Date Per Election for Office Sought 10000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			765505.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures			867727.70		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gaskill, Sherry, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 08 / 20 / 2018	